Texas Department of Health **Asbestos Licensing Section**
Toxic Substances Control Division **REVISED April 1999**

PHYSICIAN'S WRITTEN STATEMENT
MEDICAL SURVEILLANCE FOR ASBESTOS EXPOSURE

APPLICANT'S NAME: _____
Last First M.I.

ADDRESS: _____ _____
__ Street City State Zip

SOCIAL SECURITY #: _____ TELEPHONE #: _____

The above-named individual was seen on _____, in accordance with:

INDICATE WHICH ITEMS WERE PERFORMED WITH PHYSICIAN'S OR ASSISTANT'S **INITIALS:**
(any that are not applicable, must still be initialed off in addition to the N/A.)

_____ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per part 1 and 2 of Appendix D in 1926.1101.

_____ If employed, the employer provided, and review was made of, the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, the personal protective and respiratory equipment to be utilized by the employee, and information from previous medical examinations of the affected employee that is not otherwise available to the physician.

_____ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.

_____ The pulmonary function tests of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.

_____ Indicate whether or not the physician decided that an x-ray was required and was performed: __ yes or __ no. A chest roentgenogram, posterior-anterior, 14" x 17" or current film on file with interpretation in accordance with 29 CFR 1926.1101, Appendix E. NOTE: According to 29 CFR 1926.1101(M)(2)(ii)(C), the requirement for a chest x-ray is at the physician's discretion.

_____ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that no medical conditions were detected that would place the employee at an increased risk of material health impairment from exposure to asbestos, and no limitations are recommended on the employee concerning the use of personal protective equipment or respirator. By signing this form, I acknowledge that this examination has been performed in accordance with either 29 CFR 1926.1101 or 40 CFR 763.121, as required.

Comments or limitations, if any _____

_____

_____
Physician's Signature Print Physician's Name Telephone

_____ Street
Address City State Zip